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Timidity therapy: integrative models

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Abstract

The paper is made of four parts: introduction, the role of intra and inter-systemic communication in the structuring of timidity, cognitive-behavioral models of the therapy of timidity and the process of therapeutic change. In the Introduction, we present the reference area of timidity: social anxiety, identification and differentiation criteria of this phenomenon, mentioning the etiology of timidity from the perspective of the theory of the factors of personality, from the behaviorist and non-behaviorist perspective, but also from the psychoanalytical, sociological and psychosocial perspective. In the second part we underline the role of intra and inter-systemic communication in the structuring of timidity through the formation of these defensive blocks (M. Pages) between the corporal system (C.S.), the emotional system (E.S.), the discursive system (D.S.) and the social-familial system (S.F.S.).

The cognitive-behavioral models for the therapy of timidity depend on the type and form of timidity, on the psychotherapist-problem relationship, and in this paper we present four models: 1. the ABC-cognitive model 2. the ABC-behavioral model 3. the ABCDE model 4. the model of depressogenic levels and schemes according to A. Beck.

The process of therapeutic change has several stages: a. explaining the therapeutic approach, b. identifying the automatic thoughts, c. self-observation of automatic thoughts, d. confronting reality, e. producing alternative cognitive-behavioral answers, f. self-evaluation of thoughts and emotions, g. approaching the cognitive-behavioral scheme. At the end of the paper, we present a Communicational model for the therapy of timidity which contains the psychoanalytic, cognitive-behavioral, R.E.T., and humanist elements in the vision of integrative psychotherapy.

Keywords: timidity, intra and inter-systemic communication, the cognitive-behavioral therapy, communicational model

Motto

« ....People are not influenced by what happens to them but by how they understand/interpret what happens to them. »

Epictetus

I. Introduction

Starting from the premise that between the human society at a certain moment of its development and the individual/person/personality living in this society appears a certain cybernetic circularity, of determination/mutual influencing, we ask ourselves whether in the 21st century of super speed, of radical social transformations, of new waves of impulse release, there are any other favorable conditions for the development of timidity and the proliferation of timid people and, consequently, for the research of this phenomenon.

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Nowadays, youngsters and adults seem more easy-going, more sociable, more communicative, and freer of inhibitions, too hurried to be timid! Is this situation authentic, generally valid or is it just an appearance given by the development of some defence mechanisms of the self, when super solicited by the contemporary world?!
Are there any timid people left?

Current researches on timidity (André Christophe, 1997, George Gisèlle, 1999, Macqeron Gérard, (2004), Jean Marc Hardy, 2008), the research institutes of timidity (California Institute of timidity, Centre for Anxiety and Related Disorders of Boston University, The Shyness Institute – Palo Alto) demonstrate that there are timid people and timidity is far from being fully understood, corrected or cured.

Timidity is circumscribed to the larger area of the phenomena of anxiety, anguish, phobia (DSM IV, 300 23) or to the most restricted area of the manifestations of fear, shame, prudence, disbelief, lack of agility and security in society, a retractable behavior (P. P. Neveanu, 1978, Le Robert, 1992).

Timidity is generally interpreted depending on the age criterion: it seems normal to us that a child is more timid than an adult. The sex criterion has a determinant role in the perspective of collective representations on timidity, especially in a masculine world, as the one we live in: the woman seems more timid than the man!

In the history of its research, timidity was identified with the simple fear or fright, intimidation, emotiveness or even with the psychic deficiency as E. Dimitriu showed, in 1998.

All these are elements of the timidity structure but they do not identify with timidity. As for the etiology of timidity, from the perspective of the theories of personality factors, we may say that timidity is contingent to the factor H-threctia (restraint), or the consciousness factor (R. Cattell, 1993). The behavioral and neo-behavioral: E.L. Thorndike (1913), J.B. Watson (1928), J. Dollard and N.E. Miller (1941), C. L. Hull (1943), E.C. Tolman (1951), Mowrer, O. H. (1960), Bandura, A. (1997) vision brings arguments to sustain that timid people did not condition and develop the social skills necessary to establish satisfactory relationships with the others. Among all the conditioning forms: classical, instrumental, cognitive behaviorism and social learning, the last two are significant for timidity. The bi-factorial model represented by Tolman and Hull underlines that the attitude of avoidance of a frustrating situation (social for the timid person) reinforced by its positive consequences – the attenuation of the fear states – is the main element of phobia perpetuation. *The social-cognitive approach* founded by A. Bandura (1997), highlights the extern stimulus (the evaluative social group), external reinforcement (the fear of confrontation) and especially the *mediating beliefs* of the subject in their self-efficiency (the timid person's lack of confidence, under esteem, fear of ridicule etc.).

Psychoanalysts consider timidity a symptom, a conscious manifestation of the unconscious conflicts repressed in the depth of their psychism: for example the grandeur dreams of the timid people taking place in their greatest intimacy (Jung, C. G., 1933). The insolent courage of the timid person is only the appearance of confidence (E. Kant, 2002).

Sociologists argue that the individual must be analyzed as compared to their environment and we may not neglect the determinant force of the situation. Thus, the society based on the competition principle, according to the principle "be the first by all means", generates conditions that favour the installation of timidity: solitude, uprooting from a certain protective climate, obtaining performance. The sociological perspective also brings into discussion the cultural variables of mentality, social rules and customs, for example the Japanese's timidity (J. Cotraux, 2003)

Psychosociology brings the perspective of the familial educational environment of small groups where the timid person develops (hyper protection, perfectionism, excessive criticism). Thus, some theories consider that timidity appears once with the attribution/self-attribution of a simple "label", that of a timid person (F. Heider, 1958). The force of the label, that may be only a false attribution, a prejudice, consists in the harmonization of others' behavior and even of the subject in question (theory of expectancy, Vroom) to the "label requirements, according to the theory of social learning"(Miller and Dollard, Mowrer, Bandura). Homo credens (S. Moscovici, 1995) may be seen in filigree in the psychosociological vision on the world.

We consider timidity a personality factor having native elements (emotiveness and introversion), and at the same time the result of lack of development of social skills, timidity being both the syndrome of an intra-psychic conflict and the effect of some unfavorable social conditions (labels, attributions). In our discussion, we use the following definition to elaborate a new model for timidity therapy:

Timidity was defined as an affective personality disorder, a self consciousness disorder, a self and inter esteeming disorder manifesting in the presence of people or their representation and determining the lack of social adaptation or the negative social adaptation (E. Dimitriu, 1998).

2. Role of intra and intersystem communication in the structuring of timidity

In present day psychotherapy, especially in the psychotherapy of timidity, the explorative approach of the communication phenomenon is significant.

We understand communication in the cybernetic sense (Neveanu, P., P., 1976) as a process of substantial, energetic and informational exchange between two or more systems based on which we ensure the reflection of the emitting system in the reception system and vice versa.

In timidity psychotherapy, we formulated the problem of positive or negative intra-system communication, between the corporal system (CS), emotional system (ES), discursive system (DS) within the personality system (PS) and the inter-system communication between the timid person and the others or that form the socio-cultural system (SCS) - see M. Pages, 1993. The internal communication between body, emotion and discourse is positive and healthy, when there are no distortions, perturbations and blockings, and negative or pathogen, when these distortions occur in one form or another. Thus, the positive or negative functioning of a system is transmitted by the internal-external circularity of other systems.

2.1. The corporal system (CS) refers to the fundamental homeostatic processes and is different from the psychoanalytical tradition (Pages, M., 1993) and also from the anti-psychoanalytical, Reichian one underlining its communication function with other systems.

The phenomenon called “muscle cuirass” (Reich W., 1992), self-skin (Anzieu, D., 1995), corporal shield is very significant for the corporal system of the timid person allowing the building of an internal shield. This term is very frequently used in the daily language; the timid person shrinks into itself, in its own body like in a shell. The corporal manifestations of the timid person are so obvious that the shell phenomenon may be visualized in:

- facial and corporal immobility or extreme agitation
- facies of the sphinx type on which one cannot read anything or, on the contrary, one may read a multitude of images reflecting one into another and that do not unify in a unique and unitary image, but make up a caricatural mask
- bent walking next to the walls or as far as possible from humans representing the main danger for the timid person
- the defensive handshaking as if the timid person would regret this thing because he/she lost something from his/her self when they shook hands with a person

The timid person defends itself too much anticipating and intensifying the danger that has an ancestral past (the fear of unknown) and crosses the animal kingdom too (timidity is also present in the animal world), specializing and filtrating its specificity in humans. The timid person builds a shell to defend itself but they stay confined within themselves, they cannot get out of it by themselves to get close to the people and communicate with them.

2.2. The emotional system (ES) is considered as a semiotic behavior, a behavior of communication and not of language. The emotional system does not have the arbitrary character, the suppleness, the infinite subtlety of the linguistic signal. Emotion is an inertial device, tributary to origins, close to the instinctual primary expression.

To blush, to pale, to shout, to cry, to shiver, the ways of emotion are limited and follow the hereditary route. The specificity of the emotional system consists in its integrating function that unifies the feeling, the image and the expression in a unitary whole. It is neither the direct satisfaction of an impulse nor language, but a primary metabolisation of pulsation. The emotional system does not make the fusion but the inseparability of the subject from object, in a bipolar symbiotic logic. We may not speak yet of a relationship object-subject, but of a relation between a partial subject and a partial object. At this level, the corporal presence of the other and the emotional communication with him/her are the conditions of appearance of representations. Thus, the therapeutic work on the body and emotion does not reduce only to the economic aspects of energy release, but resides in the making of a first affective elaboration. The affective elaboration, which is obtained by relieving, emotional psychodrama, positive conditioning, intends to remake the balance between feeling, image and its expression.

The timid person is a nervous person, a hypersensitive person who does not know how and cannot transmit this emotional surplus. The emotional surplus and the signal globality reinforce the inertia of the biologic device. In the case of the timid person, in the emotional communication relationship, the blocking may take place both in their hypostasis of emitter and at the level of the emotional message transmitted or in their hypostasis of receptor. The mechanisms responsible for these distortions of communication are both expectation and the affective response. The emotional expectation is always super sized, from the quantitative and qualitative viewpoints, the timid person expecting more or less consciously an unconditioned sympathy, of the Rogersian type. The answer the others give the timid person does not meet his/her expectations and consequently there appears the distortion of communication. Since they do not receive what they expect, the timid person is confused, he/she blocks down, shuts himself/herself into his/her shell and he/she offers, from the emotional viewpoint, less than the interlocutor legitimately expects.
Thus, the relationship of emotional communication gets poorer and poorer. The emotional system is a notion similar to P.Aulagnier's pictogram, to Pinol-Dourrier's proto-representation, unifying the object with a part of the human body.

Therapy at the level of the emotional system consists in opposing the vicious cycle an expressive inhibition …… affective suppression ……. imaginative repression, the virtuous cycle made of emotion disinhibition …… feeling revulsion …….. imaginative letting off steam by relaxation techniques, reviving, emotional psychodrama.
In the timidity psychology, the expressive inhibition is a real Gordian knot.
If in psychoanalysis the problem is one of meaning, and its evolution is the energetic movement and substitution, in Reichian psychotherapy they give an excessive importance to the corporal level to the detriment of the emotional expression, whereas in the communicational psychotherapy we promote at the level of the therapeutic life, the specificity consists in the sense polyphony.

The response adequate to the emotional is emotional: to look, to touch the patient (they give up the Freudian interdiction to touch the patient), to listen to them actively, to communicate with them at emotional level and not only semantically or corporally. The emotional engagement of the two partners in the psychotherapeutic game does not reside in the fact of saying or nominating a feeling, but in living it, expressing feelings and emotions by look, mimicry and gesture.
If for W. Reich the muscle cuirass is a purely biological phenomenon, and for Freud(1967) the symptom (emotional expression) is the sign of unconscious phantasm that replaced the remembrance of a real traumatism, for the communicational psychotherapy emotion is an intermediate level between the two, coming prior to the linguistic discourse.
2.3. The discursive system (DS) develops together with the appearance of the symbolic function of language by which they make the separation of the object from the subject and the internal object appears.
Among the language functions, during their ontogenetic evolution, the following functions suffer distortions of different degrees in the case of the timid person:

a. the phatic and affective function, of social contact (Brunner, J., 1970)
b. the expressive function (Jacobson)
c. the pragmatic function (Morris)

Moreover, the schema of communication in context (Cazacu-Slama, T., 1976) and not in void is affected for the timid person in the essence of communication – the information exchange, the affective and relational exchange and the behavioral exchange with the others.
The blockings of communication appear in what is called the sense of communication achieved by the crossing of one's own filter (the value system) and its halo or its symbolic resonance. The timid person gradually builds an ideal of the Self and they try to live at its level. Truth, justice, honesty, correctness are values that are absolute in the timid person's vision. They believe with all their heart that these values may be obtained at the absolute manner and situate their cognitive expectations at this value level. The absolutist image of cognitive expectations of the timid person is troubled by the real effect, the primitive cognitive feed-back which does not produce automatically the correction of image but needs a correcting device. The message of cognitive communication, given by the common elements identified in sender and receptor, is affected for the timid person not from the semantic viewpoint but especially from the pragmatic one, of value and utility of information for the timid person. The timid tries to stay at the level of absolute values, encountering difficulties to apply the absolute values and ideas. These are heavily modeled by reality and hence there appear new suffering sources for the timid person, since they cannot share with

the others the value of their cognitions. Being a defensive person by its affective structure, the timid person more defends than attacks the world or they lose the battle before starting it. They have not developed their assertive mechanisms of social relationship, they do not know how to highlight their qualities, and they are not agile in choosing the arguments favorable to their own viewpoints and person. They become again a misunderstood, helpless and pathetic person.

The informational networks fulfilling functions of social contact (Jakobson) undergo perturbations at the timid person. Here is the way in which the social contact of timid people is one of those key ideas, a problem and a solution at the same time. From the corporal contact to the emotional, discursive, socio-familial one and vice versa, there occurs a circuit reaction blocking but also having the therapeutic energy able to generate corrective solutions.

The discursive system allows the passage from the intra-organic molecular logic of the corporal system to the bipolar logic of the emotional system, where development depends on the communication with another privileged person, to the tertiary logic of the familial system, dominated by the Oedipus complex to get out in the open logic of the social system, where the logic and affective relationships are infinitely sub-situating.

2.4. The social-familial system (SFS) is the one where the interiorization process of the social values but also of social constraints and interdictions is achieved.

For the timid person, the social-familial constraints and interdictions refer to aggressiveness, dishonesty, injustice to everything being social non-value. The good child is the model of child generated by this social-familial superego of the timid person.

Therapy at this level consists in organizing a training programme of extraversion, of opening towards the others, a programme where even the exercises of vaulting horse are welcome.

The danger of transforming timid people into their opposite category of naughty, aggressive, bellicose people is not alarming since they encounter the obstacle of personality structure predominantly introverted of the authentic timid and its life secluded in an ivory tower.

Intra-system and infra-specific communication may be achieved either by a healthy way, through the phenomenon called articulation (Pages, M., 1993), or by a pathogen way, by building a defensive block or amalgam.

The defensive amalgam or block is made by the formation of some automatic links (a reinforcement loop) between the defence mechanisms of two or more systems. The amalgam is a hybrid object blocking the real communication between systems and leads to the installation of failure behaviour.

For the timid person, the defensive blocks form between:

- expressive inhibition and somatisation by the appearance of muscular shell characterized by facial or corporal immobility, inertia or corporal agitation.
- the archaic division of the object in its good and bad parts and the ideologization of the love object. Thus, the timid person idealizes friendship, love, the inter-human relations generally speaking according to the archaic patterns of mother, father, good, beauty, truth, situating them at the levels of ideal so that even they do not have access any more to the concrete relationship but only to the idea.
- ideologization of the love object and ideologization of the parental project (« Everything mother says is true », A.B., aged 15).

The therapeutic trajectory addresses these defensive blocks focusing on their unblocking to open the inter-systemic space of play and to instate communication and articulation in the amalgam block.

The most efficient therapeutic strategies are the combined ones, using a dominant method and complementary methods depending on the concrete relationship psychotherapist – specificity of timidity – timid person. Thus, to the classical neutral transfer (Freud) adds the emotional and social transfer. Re-establishing the emotional communication with transferential figures from the timid person's history allows the fight with cleavages and archaic conflicts. Later on, in another register, the engagement in Oedipal and social-familial conflicts makes the subject fight and surpass them. The transfer, understood as an appeal to communication, as an opening towards the other – psychotherapist, the social group – is a good test of communication.

The communicational activity between mother and child represents a first system of links between pulsation and representation or the re-elaboration of the feeling-image system. M. Pinol-Dourrier (1984) and Marcelli show the importance of presentation by mother of the object desired by the child under the shape of proto-representations. This notion is close to the one of the agglutinated object that agglomerates sensation, feeling and a first representation of the object. Mother's internal availability correlated in time to that of the therapist, their integrative capacity establish the relation among the corporal system with the emotional, discursive and social-familial one. The process of communicational integration progresses from one level to another and distinguishes itself both by reproduction through cloning, by means of which A tends to reproduce identically in B, and by cleavage or symmetric reproduction.

Each of the presented systems has its freedom, and only by its virtue, it may communicate with other systems. Affective cognitive behavioral elaboration, namely the psychotherapeutic elaboration, intends to remake the relative inter-systemic and intra-systemic freedom so as to open the way of communication with the self and the others. The communication with the self supposes the communication with the others and vice versa.3. Cognitive-behavioral models of timidity therapy

Most of the therapeutic researches (Birkenbill, V., 1998, Brinster, Ph, 1999, Cottraux, J., 2003, Henderson, L., Zimbardo, Ph., 2009) demonstrated that the anxiety disorders, including the social ones, of panic and of timidity, adequately answer to the cognitive-behavioral therapy.

The cognitive ABC model was initiated by Albert Ellis in 1962 and developed by Aaron Beck in 1976 having the following components (David, D., 2006):

A. an activating event that may be both an external situation, for example a social one, evaluative in the timid person's case, and an internal one, a psychic discomfort that may not be exteriorized by the timid person.

In case of a timid pupil/student, the activating situation may be their invitation to the blackboard by the teacher.

B. person's cognitions that are informational processing (computations), concretized in gloomy disposition, negative convictions, dysfunctional or irrational ideas generated by the activating event. To continue the example chosen, the timid person may elaborate the following cognitions:

- I cannot manage at the blackboard
- they always test me at the blackboard when the lesson is more difficult
- teacher has something against me that is why they test me at the blackboard
- all colleagues will look at me and I will forget the lesson
- I will not be able to cope with it

C. the consequences of the cognitive processing of the activating event, which are affective- emotional, subjective, psycho-physiological, biological and behavioral answers. In case of the generic timid person we refer to, these consequences may be:

- ϖ increase of blood pressure
- ϖ modifications of the heart beats
- ϖ perspiration
- ϖ wrong answers in the lesson
- ϖ clumsy, inadequate behaviours
- ϖ behavioral blockings

But the distinction among the three components A, B and C is a methodological one, they interact and are able to mutually transform since they are interchangeable (David, D., 2006).
Ellis (1994) adds another two components to the 3 already mentioned:
D. restructuring the dysfunctional and/or irrational cognitions
E. assimilation of some new functional cognitions that may lead to the solving of the difficult situations, in our case, the inter-relational problems which the timid person encounters.
Restructuring the dysfunctional cognitions may be achieved by the application of some procedures such as:
- production of alternative, positive, stimulating thoughts – for example "when I am tested at the blackboard I will only concentrate on the lesson", "I have learnt the lesson so I will answer correctly", "my colleagues are not interested in my person but in how I answer during the lesson", "teacher will appreciate me if I answer correctly"
- redefining the issue, in our case the triggering stimulus is the blackboard, and the pupil/student may be taught by gradual deconditioning not to be afraid of the blackboard. A first stage would be to redefine the issue meaning that the blackboard is only a didactic means helping the subject, so he/she may imagine that next to the blackboard there is his/her best friend who will help him/her or he/she may write on the blackboard what the teacher asks or he/she may make an original scheme.
- decentering from one's own person and focusing on the activity carried out: the clear and precise presentation of the information required, correct answers to teacher's questions, the direct look towards teacher and colleagues etc.
E. assimilation of new efficient and functional and/or rational cognitions instead of the dysfunctional or irrational ones.
The timid subject, who formulated such negative cognitions, is asked to make a list with arguments that may counterbalance these negative dysfunctional ideas and beliefs. He/she may be helped in the elaboration of the new conditions by questions such as: What grades did you get recently? (if he/she is a good pupil), What did teachers say about your results? (attention to the teacher's attitude towards pupils/students), What other activities have you been invited to following your good results you got recently?
The ABC-behavioral model results from ABC – Cognitive model (David, D.,2006) having the following structure:
A is represented by the stimuli and the specific informational processing
B resides in person's behavior that should be changed
C is given by the consequences of this behavior of negative nature, discomfort states, inadaptation in timid person's case.
Beck's model of cognitive-behavioral therapy highlights several levels where this takes place:

3.1. **Cognition level**

Cognitions, also called negative automatic dysfunctional thoughts, were systematized by A. Beck in a cognitive triad:

a. *negative self- image*, for example "*I am nobody!"*- which is extremely significant for the authentic timid person having feelings or even inferiority complexes - starting from their hypersensitive personality structure and negative life experiences. Here are some examples selected from the personal diaries of the timid subjects who took part in the experimental group for timidity research (Dimitriu, E., 1998). A.D. "I cannot see why there isn't anybody who might understand me as I am". "Many times I didn't play with other kids for fear I should be laughed at by them!" "A.I. "Some people may think I am too self-important or I consider myself superior, and that is why I don't talk to them, and I am afraid I might be laughed at!" The fear of being ridiculed, negatively appreciated or misunderstood is an internal attribution considered to have been determined by the real limits of the timid person and not only by their negative image of their own person.
b. *negative current experience*, *"nothing I do is alright!"*- From the same sources we give the following examples: A.D "I remember that while running in the classroom I overturned the vase over the roll. For me this was catastrophic and since then I have started shutting myself into my shell. I an annoyed by any observation and if I make a very small mistake I am tortured by remorse weeks on end."
c. *negative future, "I will never get better!"- C.R.* "In the class I often do not raise my hand, though I know the answer, for fear I should be asked by my colleagues: can't you speak louder?"

These automatic thoughts are spontaneous, repetitive, and involuntary. They have as main themes self-depreciation, the feeling of failure, rejection by everybody else, hyper exigency towards oneself, exaggeration of difficulties.
Automatic thoughts may be identified during the therapeutic interview by the use of different checklists - Beck, 1987.

3.2. Level of cognitive processes

Automatic negative thoughts are the product of some errors in the processing of information leading to the distortion of individual's image of himself and of the surrounding reality.

Beck enumerates six types of errors:

a. overgeneralization or exaggerated generalization. For instance:

"If the others do not love me I am nobody!

My colleagues don't love me

So I am nobody!"

The decisions made by the subject in this case are of the type everything or nothing, to be or not to be. A timid pupil who got a bad mark at math: « I will never go to the math class, because I cannot understand math! »

b. *selective abstraction* means the exaggeration of a negative detail from a situation and its use in a context without taking into account all the elements of the initial situation. For example, a high school pupil passes by a group of colleagues and hears some laughter. Without knowing what they are talking about, he/she extracts from this context only this detail, drawing the conclusion the colleagues laughed at him/her.

c. *arbitrary inference* is a reasoning using arbitrary ungrounded premises, most of the times readings of thoughts that lead obviously to wrong conclusions. For example, a timid teacher thinks about their department chief: "I know he/she despises me though when we meet he/she is nice to me!" Timid children or pupils are masters in affective arbitrary reasoning regarding their social relationships, interpreting erroneously, to their detriment, situations they do not know!

B.A., a pupil with high results in IT, does not talk to any colleague in the class because "I am afraid they might think I do it ostentatiously!"

d. *personalization* is the wrong self-attribution of responsibilities of some nefarious events. Thus, for example, a very good but timid pupil, who did not manage to greet his favorite teacher due to agglomeration, will think in the next class "I surely upset him/her, he/she doesn't even look at me!"

The timid people with certain superior competences also engage in solving the most difficult problems, risking overstrain due to the difficulty of communication with the others: "I said I would solve the problems by myself!"

e. *maximization* is the exaggeration of a minor event. For example, a timid pupil who is late for the class will be upset all day long, dramatizing this fortuitous event. Timid people have the tendency to maximize their failures or even to invent them due to their perfectionism. "I have always got A's in my literature test, but today I got a B. This in unconceivable for me!"

f. *minimization* consists in depreciation of personal resources and one's own successes. Though timid people are generally good, conscious, hard-learning, they did not learn to highlight these qualities considering them normal or even minimizing them. A timid adult considers himself/herself a loser, though his/her entire life he/she got the best results.

3.3. Level of depressogenic cognitive schemes

The cognitive scheme is a personal negative belief interiorized at a precocious age. This level of cognitive schemes lies at the bottom of the first two levels, being responsible for the subject's vulnerability to depression.

Beck and Weissman, 1979 identify seven classes of depressogenic schemes able to generate depressive behaviors:

- Approval or expecting to be approved all the time
- Love or expecting to be loved
- Success or the need to have success by al means,
- Perfectionism or the need for perfection,
- Hyper exigency towards oneself,
- Omnipotence or expecting to be omnipotent,
- Autonomy or absolute liberty

Cognitive negative schemes filter current events, process them erroneously and generate depressive behavior.
The timid person by their structure of defensive personality has a vital need to be approved developing in life the expectation to always be approved. Conversely, they suffer exacerbating their sensitivity mechanisms in evaluation, others' appreciation and approval. The timid person's need and exacerbated expectation to be approved may be counterbalanced by the development of their assertive behaviors: direct visual contact, expressing their own wishes and feelings, formulation of arguments to defend their own viewpoints, without transgressing others' rights, learning and applying new rights such as the right to say no, the right to change one's mind, the right to make one's own decisions, the right not to assume responsibility for others' mistakes. All these new behaviors may be developed by means of the cognitive-behavioral therapy.
Love or the expectation to be loved seems to be every person's natural right, an affective need influencing development itself and its psychic equilibrium. But for the timid person, the need for love is also exacerbated due to the structural hypersensitivity of timid person's personality and their difficulties of socialization and inter-human communication that do not favor the others' love offer for the timid person, but even block it or distort it. In the family, school, group of friends, the timid person is confronted either to the lack of love manifested under different shapes: antipathy, contempt, isolation, or by opposite ways such as hyper-protectionism. Both the lack of love and hyper-protectionism has similar effects in terms of psycho-social development of timidity.
The success or the need to succeed by any means, perfectionism or the need for perfection and hyper exigency towards oneself are cognitive schemes also deriving from the personality structure specific to the timid person and develop in certain social-educational contexts that led to the appearance of negative feelings, inferiority complexes, the decrease of resistance before frustration, accentuation of the internal and external conflicts with the others. The need to succeed, to solve as well as possible the tasks received, to be exigent to oneself are positive and stimulating ideas up to a point. The timid person's inferiority complexes generate the need for supra-compensation activating the mechanism of supra-motivation in a chain of failures or results that might be satisfactory for somebody else but not for the timid person.
Autonomy or absolute freedom has its own traps, since nobody is completely free, everyone's liberty depending on anyone else's liberty. The timid person wants by all means to be free, due to his/her dependence on the others, the others' opinion of him/her, the collaboration and communication with the others – and the timid person is deficient in all these.

4. Process of therapeutic change

According to the cognitive- behavioral modeling of personality, *the objectives of cognitive therapy* are determined, precise and restrained. Most researchers identify the following objectives:

- approach of voluntary thoughts
- identification and modification of negative automatic thoughts
- counterbalancing negative effects of the deep cognitive dysfunctional schemes

The therapeutic relationship corresponds to the short term therapies and it is:

- of the collaborative type
- centered on the issue
- similar to Socratic dialogue
- of guided discovery

4. Techniques of cognitive-behavioral restructuring

4. 1 Explaining the therapeutic approach is the technique by which this type of therapy defines its educational character. The psychotherapist, the educational adviser or teacher applies an approach for personality modeling:

- face-to-face type,
- based on relaxation,
- explicative, they show how automatic thoughts are possible,
- differentiate the subject's images and beliefs that are never wrong but partial

4.2. Observation of automatic thoughts - 3-4 sessions - is made by:

- answers to direct questions (what thoughts are crossing your mind right now?)
- mental visualization or mental reconstruction of a situation strongly loaded emotionally-negatively
- role-play, the subject playing both their own role and the role of the people with whom they are in conflict

4.3. *Self-registration of automatic thoughts* may be made by different ways:

- the subject is shown some lists elaborated following the scientific researches, lists that contain dysfunctional thoughts
- the subject has to make his/her own list with negative thoughts

4.4. Confrontation to reality

In the process of remodeling one's personality that has certain cognitive-behavioral dysfunctions, the behaviour between the partners of the therapeutic relation is guided in such a way that the subject should formulate certain questions:

- Am I not seeing only the bad side of things? "The fact that I am tested at the blackboard helps me surpassing the fear from blackboard"
- Am I not assuming responsibility for things surpassing my power? "I cannot help anybody or the entire mankind though I want to"
- Am I condemning myself on the basis of one single event? "Even if I did not answer right once at the lesson, this does not mean I would always answer wrong!"
- Am I not exaggerating?
- Am I not concentrating just on my weaknesses and flaws? « I should compare my flaws to my qualities that the others recognize, too! »
- Am I expecting to be perfect? « Perfection does not exist, nobody is perfect! »

4.5. Production of cognitive alternative answers that have the role to counterbalance the negative, self-depreciating, underestimating thoughts by positive stimulating assertive thoughts.

4.6. Self-evaluation of thoughts and emotions (V. Birkenbihl, 1998)

Registration chart

1. Date
2. Situation, for example: I showed my homework and my teacher said it was not ok
3. Emotions: sadness 100% and misunderstanding 80%
4. Associated thoughts: I do not know how to do anything 100%
5. Alternatives: - I have done other homework that was appreciated by my teacher
   - other teachers praised me
   - what if I did the homework again and proved the teacher I was capable
6. New estimation of beliefs associated to initial cognition: I do not know how to do anything 25%
7. New estimation of the emotional level: sadness 25%, misunderstanding 25%

4.7. Use of other cognitive techniques

a. *responsibility reattribution* or the passage from the predominantly internal attribution characterizing the depressive people to the external attribution. « Maybe I am not the only one responsible for all failures; there are also other responsible factors! »

b. *redefining the issue* from the formula « nobody pays attention to me ! » to the reversed situation « I need to meet new people and be nice to them! »

c. *decentering* from one's own person to the others, for example: a timid student who could not speak during the seminar because he/she had the feeling everybody was looking at him/her, received the following suggestion: to follow students' attention when he/she answers in the seminar. Thus, he/she noticed that a student was reading, others were speaking and others had completely different preoccupations. Consequently, his/her anxiety obviously decreased.

4.8. Approaching the cognitive-behavioral scheme

a. searching the common factor of the dysfunctional thoughts registered (the timid person's fear from evaluation)

b. other cognitive techniques

- concentration on an object or an approving person
- sensorial awareness to feel well in one's shoes
- mental exercises like the remembrance of a success and living the success feeling

c. monitoring of activities "what did the subject do during one day?"

d. planning activities together with the subject and choosing those pleasant stimulating activities that generate positive emotions for the timid person

e. dividing activities in smaller concrete tasks: looking in interlocutor's eyes, the smile on one's lips, speaking first in a debate, contradicting, saying no, making compliments or railing at somebody etc. These concrete tasks may make the object of some homework for the timid person so that his/her degree of individual responsibility might increase as well.

Cognitive-behavioral therapies are at present the most used therapies to treat the anxiety disorders due to their advantages:

- They are short term, up to 14 sessions
- They focus on solving the problem
- They offer the liberty of customizing the therapeutic approach depending on the seriousness of subject's emotions, thoughts or behaviors by interchanging these stages among them
- They have an educational character and may be applied by specialists to eliminate pupils' anxiety.

The cognitive-behavioral therapy applied in the case of timidity may have different types and forms depending on the types of timidity, predominantly endogenous or exogenous, and its forms: cognitive, affective, volitive, and behavioral.

But the therapy of timidity representing a personality disorder more complex than anxiety does not reduce to the cognitive-behavioral models.

One of the innovating models of the timidity therapy is the communicational therapy of timidity (E. Dimitriu, 1998) managing to combine psychoanalytic cognitive-behavioral elements, R.E.T., humanistic in the sense of integrative psychotherapy. This model may be carried out for a period of 21 days as follows:

- On the first day they conclude the psychotherapeutic contract
- On the second day they address the muscle cuirass by a complex relaxation strategy
- On the third day they put on stage the roles of timid subjects in a special form of sociodrama
- On the fourth day, they approach cognitively-behaviorally the mental and behavioral clichés specific to every timid person
- On the fifth day, they make the real and imaginary self-portrait so that the timid person's may get aware of the negative self-perception and his/her perfectionism
- The sixth day is dedicated to the correctness of clumsy inadequate behaviors related to the timid person's look, mimicry and gestures.
- The seventh day is for the art of conversation: speaking exercises with a known person and gradually with unknown people the timid person is afraid of
- On the eighth day, they work with the insults received by the timid person along time, they elaborate the answer to these insults, they play the roles involved in these situations to end the unfinished gestures
- On the ninth day, besides the insult list, they make up lists with the complements received by the timid person.
- On the tenth day they elaborate the list of intimidating people and situations to put them on stage and surpass them by sociodrama or psychodrama
- On the eleventh day, they elaborate the list with the successes obtained by the timid person and he/she discovers together with the psychotherapist the mechanisms of these successes to serve future successes.
- On the twelfth day, they use other relaxation exercises (Screem).
- On the thirteenth day, they shake hands and the timid person does other exercises to form some other adaptive behaviors: knocking on the door, handshaking, voice boldness.
- On the fourteenth day, they create a socio-dramatic situation to celebrate the birthday of every timid person in the group.

- On the fifteenth day, the timid person is taught to say no, to refuse certain tasks he/she does not like, to express clearly and justifiably this thing so as to surpass the difficulty called dusopy
- On the sixteenth day, they do art-therapy exercises after which the timid people will give a short recital presenting the results of their activity.
- On the seventh day, they work to elaborate a model to be followed by the timid person and a role associated to him/her that might favor the transformation of the ideal image into a real image.
- On the eighteenth day, they do a new extraversion exercise: the interview. Each timid person must give an interview on a theme he/she is interested in, afterwards they change roles.
- On the nineteenth day, the timid person must write a discourse and present it in front of an audience in a determined period of time
- On the twentieth day, they do self-evaluation and inter-evaluation exercises, each timid person giving grades to the other timid people in the group.
- On the twenty-first day, they organize a party as a synthetic form of appreciation of the new acquisitions learnt by the timid person to surpass their form of timidity.

From the simplest forms of behavioral clumsiness up to the most serious forms of timidity, adjacent to neurosis, timidity obeys some therapeutic types and procedures being able to be corrected, surpassed and cured.

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